

This Form is for INTERNAL PTO USE ONLY
It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 9/ 516, 670

Total Fee Calculation

| Fee Code | Total # Claims | Number Extra | X | Fee | Fee | Total |
|------------------------------|-------------------|-----------------|----|-----------|------------|------------|
| Sm./Lg. | | | | Sm. Entry | Lg. Entry | |
| Basic Filing Fee | 201/101 | | | | <u>690</u> | <u>690</u> |
| Total Claims > 20 | 203/101 | <u>4</u> | 20 | X | | |
| Independent Claims > 1 | 202/102 | <u>1</u> | 1 | X | | |
| Multi. Dep. Claim Present | 204/104 | | | | | |
| Surcharge | 205/105 | | | | <u>130</u> | <u>130</u> |
| English Translation | 119 | | | | | |
| <u>TOTAL FEE CALCULATION</u> | | | | | | <u>820</u> |

Fees due upon filing the application

Total Filing Fees Due = \$ 820.00

Less Filing Fees Submitted - \$ ✓

BALANCE DUE = \$ 820.00

J. Antis
Office of Initial Patent Examination

Figure 7

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

| FOR | NUMBER FILED | NUMBER EXTRA |
|----------------------------------|----------------|--------------|
| BASIC FEE | | |
| TOTAL CLAIMS | 4 minus 20 = * | |
| INDEPENDENT CLAIMS | 1 minus 3 = * | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | |

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

| RATE | FEE | | RATE | FEE |
|--------|--------|----|--------|--------|
| | 345.00 | OR | | 690.00 |
| X\$ 9= | | OR | X\$18= | |
| X39= | | OR | X78= | |
| +130= | | OR | +260= | |
| TOTAL | | OR | TOTAL | 690 |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|------------------------------------|---------------|
| Total | * 11 | Minus ** 20 | = 1 |
| Independent | * 1 | Minus *** 3 | = 1 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | |

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9= | | OR | X\$18= | |
| X39= | | OR | X78= | |
| +130= | | OR | +260= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|------------------------------------|---------------|
| Total | * | Minus ** | = |
| Independent | * | Minus *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | |

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9= | | OR | X\$18= | |
| X39= | | OR | X78= | |
| +130= | | OR | +260= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|------------------------------------|---------------|
| Total | * | Minus ** | = |
| Independent | * | Minus *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | |

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9= | | OR | X\$18= | |
| X39= | | OR | X78= | |
| +130= | | OR | +260= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.